unequal heart-beat. 3. Cardiac irregularity may be met with in abdominal affections where no grounds exist for considering it due to poisoning. A case of appendicitis, in a girl of eight years, is quoted; decided intermittency of pulse was present, and also on a second occasion after an attack of indigestion. 4. Arhythmia in the course of infectious diseases is divided by Heubner into two groups—(*a*) that during the development and height of the disease; (*b*) that observed during convalescence. The first group is much the rarer. Many observers mention it in typhoid fever, but Heubner has had no experience of it. The second group is well recognized. In diphtheria it is often present, and also not infrequently in scarlet fever, of which several instances are quoted; measles and croupous pneumonia frequently give rise to it, and sometimes it has been observed by the author late in typhoid fever. 5. In anæmic and nervous children irregularity is frequently noted, and is apt to lead to a false diagnosis: in rhachitic, feeble children, from two to four years old, such irregularity is too readily accepted as an indication of the imminence of tubercular meningitis. 6. Intestinal parasites are said to cause irregularity of pulse, but no evidence of it has occurred in the author's experience. 7. Under certain physiological conditions irregularity may be observed, as in emotional states, sometimes during sleep, and occasionally following a warm bath, with subsequent cooling. 8. Da Costa has described a disturbance of rhythm which appears to be the only element of disease, the child seeming otherwise well, and all the other causes being satisfactorily excluded. During febrile attacks the irregularity disappeared.

Discussing the mechanism of irregularity under these various conditions, Heubner refers to nerve-influence—a disturbance of the regulating nerves of the heart. This is the explanation accepted for tubercular meningitis, increased intracranial pressure affecting the centres in the medulla. Irritation of peripheral nerves, such as the splanchnic depressor, disturbs rhythm, and would account for a continuance of such a symptom with nausea and vomiting. When due to poisoning the explanation is more difficult; but it is probably a result of action upon the nerve-centres or the cardiac muscle. The cause of arhythmia in anæmic, rapidly growing children is involved in doubt, though the suggestion of a relatively small arterial system is founded on experimental evidence.

The treatment of cardiac irregularity in children requires a careful consideration of causes. If reflex, the irritant should be removed. When due to poison, the stomach and intestines should be emptied and a plentiful supply of water should be given to cleanse out the system. The idiopathic form requires moderate movement, light gymnastics, frequent small meals, and sea-baths. The anæmic variety demands suitable diet, hygiene, and medical treatment.

SOME PECULIARITIES OF GRIPPE-PNEUMONIA IN CHILDREN.

CLÉMENTE FERREIRA, of Rio de Janeiro (*Revue Mensuelle des Maladies de l'Enfance*, March, 1895, p. 105) gives a striking picture of the peculiarities of broncho-pneumonia in children observed in connection with epidemic influenza. In numerous cases, together with dyspnœa, supra- and infra-sternal depression, subcrepitant râles, and blowing breathing, the temperature has not exceeded 99.6° F., or even 98.6° F. In a process habitually attended with high fever such a depression of temperature must be accounted for by a paralysis of the thermogenic centres produced by the influenza-poison. In such cases the low temperature may occasion unfortunate errors of prognosis, unless the physical signs, the dyspnœa, and the progressive adynamia be taken into account.

Another peculiarity is the early tendency to bronchoplegia and pulmonary collapse due to the general adynamia which is the keynote of influenzal infection. This collapse is indicated by feebleness and even suppression of respiratory sounds and by the absence of cough, an unfortunate condition that can do much in giving the mother a false sense of security at a time when the organic condition is extremely grave. Infrequency of cough is the result of diminished sensibility of the bronchial mucous membrane, and constitutes in these conditions a phenomenon of bad omen. Stagnation of the bronchial secretions thus acts mechanically in diminishing the field of blood-aëration and aggravating the dyspnœa; and, on the other hand, the toxins existing in these products are reabsorbed and provoke marked symptoms of general intoxication.

A third peculiarity is the extraordinary slowness in the evolution of these catarrhal processes in the child. The steps of evolution of the morbid process do not develop as ordinarily. Secretion is long delayed, and for an unusual length of time is stringy, dense, adherent, resembling white of egg, difficult to bring up despite the use of the ordinary relaxing expectorants.

In this connection the author strongly protests against the untimely use of emetics and antimonials. In the broncho-pulmonary determinations of influenza in children, as well as in all infectious broncho-pneumonias, one frequently observes decided aggravation of the symptoms after the use of emetics, which are too often administered in excess. In these cases vomiting is effected with difficulty on account of the great organic asthenia. The energy for the production of active reflexes is here wanting, and, as a result, the emetic is repeated again and again, with only an aggravation of the phenomena of the general adynamia and pulmonary collapse. The indication here is for the early employment of expectorants and excitants of the muscular structure of the bronchi; preparations of ammonia, benzoic acid, tincture of phosphorus, and also injections of camphorated oil, caffeine, and alcoholics in high dose and concentrated solutions. This treatment should be carried out from the beginning with energy, regularity, and persistency.

LESIONS OF THE RIGHT HEART IN PERTUSSIS.

SILBERMANN (*Archiv f. Kinderheilkunde*, 1894, Bd. xviii. S. 24) bases a suggestive study under this caption upon five observations of pertussis complicated in the third or fourth week with albuminuria, broncho-pneumonia, and dilatation of the right heart. The cardiac lesion is attributed to two factors: (*a*) the extended, diffuse, capillary bronchitis; and (*b*) the forced expirations which call into play all the respiratory muscles, and are interrupted only from time to time by short inspirations. The bronchitis of the finer tubes with foci of broncho-pneumonia produces a venous stasis in the